

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890641

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		12					53					
4		13					54					
5		14					55					
6		15					56					
7		16					57					
8	1						58					
9		1					59					
10		12					60					
11		21					61					
12		12					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21							71					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	18						TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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